

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 140<sup>a</sup>

Registered No. \_\_\_\_\_

## 1. PLACE OF BIRTH

County Gila State Arizona  
District or Township San Carlos or Village Coolidge Dam Site  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ira Brown  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 12.26.27  
Month Day Year

8. FATHER		14. MOTHER	
Full name <u>Joseph Brown</u>		Full maiden name <u>Nina ?</u>	
9. Residence (Usual place of abode) <u>San Carlos, Ariz.</u> If non-resident, give place and state.		15. Residence (Usual place of abode) <u>San Carlos, Ariz.</u> If non-resident, give place and state.	
10. Color or race <u>4/4 Indian</u>	11. Age at last birthday <u>44</u> (Years)	16. Color or race <u>4/4 Indian</u>	17. Age at last birthday <u>41</u> (Years)
12. Birthplace (city or place) <u>San Carlos, Ariz.</u> (State or country)		18. Birthplace (city or state) <u>San Carlos, Ariz.</u> (State or country)	
13. Occupation <u>common labor.</u> Nature of industry		19. Occupation <u>housewife.</u> Nature of industry	

20. Number of children of this mother \_\_\_\_\_ (a) Born alive and now living 4  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 2  
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum. no

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was born alive at II.P. m. on the date above stated.  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C.H. Sawyer M.D.

Given name added from \_\_\_\_\_ (Physician or midwife).  
a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_ Address San Carlos, Ariz.

Registrar. \_\_\_\_\_

Filed \_\_\_\_\_ 19 C.H. Sawyer.Registrar. \_\_\_\_\_  
925-1226-500